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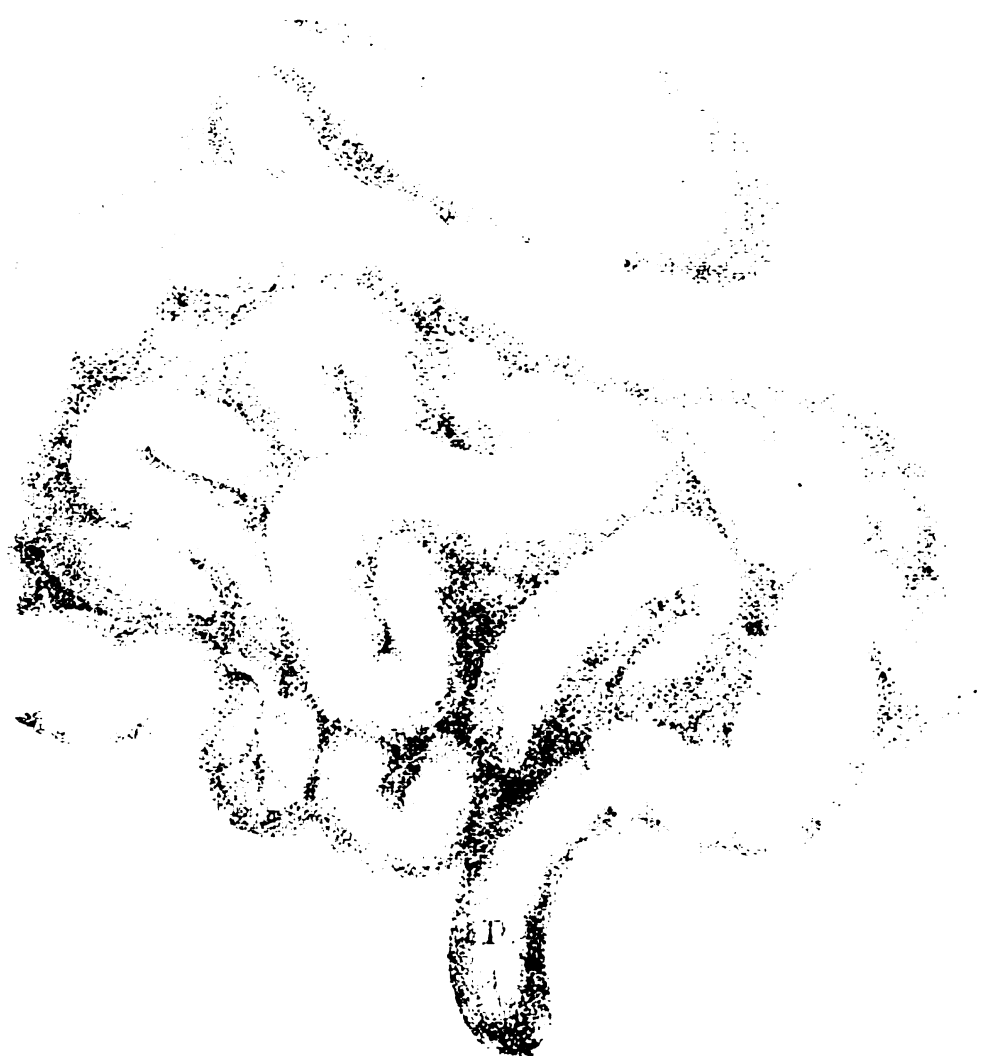
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*The pathology and cure of the
principal diseases of the ...*

E. D. Silver

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THE
PATHOLOGY AND CURE
OF THE PRINCIPAL
Diseases of the Rectum and Anus ;
PARTICULARLY
PROLAPSUS, PILES,
HÆMORRHOIDAL TUMOURS, EXCRESCENCES,
FISTULA IN ANO,
ULCERS, AND STRICTURES OF THE RECTUM,
WITHOUT CUTTING OR CONFINEMENT.

ILLUSTRATED WITH NUMEROUS CASES AND PLATES.

BY
E. D. SILVER, M.D.,
Physician Accoucheur.

SECOND EDITION.

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P R E F A C E

TO THE SECOND EDITION.



IN presenting a Second Edition of this work, my first desire is, to express the gratification I feel at the very favourable reception, which my humble efforts have universally met with. The rapid sale of the first Edition, in the short space of three months, has naturally led me to hope, that my object in its publication will be eventually crowned with success; for, that the afflicted portion of the community may be greatly benefited thereby, is my earnest desire.

I have not included in the present edition, any new "additional cases," for although many new patients, (previously ignorant of there being a method of cure,

PREFACE.

without the use of the *knife*,) have sought my assistance through reading the following pages, yet, I have found so little variation in the character of their cases from those already inserted, that to augment the number would only intrude a repetition of unnecessary detail upon my readers.

In conclusion I have only to remark, that each succeeding day strengthens my confidence in the treatment I adopt for the removal of those diseases herein treated of, and adds to the number of respectable individuals, who are ever willing to acknowledge the benefit they have derived from, and the efficacy of, my method of cure.

THE AUTHOR.

70, *Great Russell Street*,
Bloomsbury Square, London.

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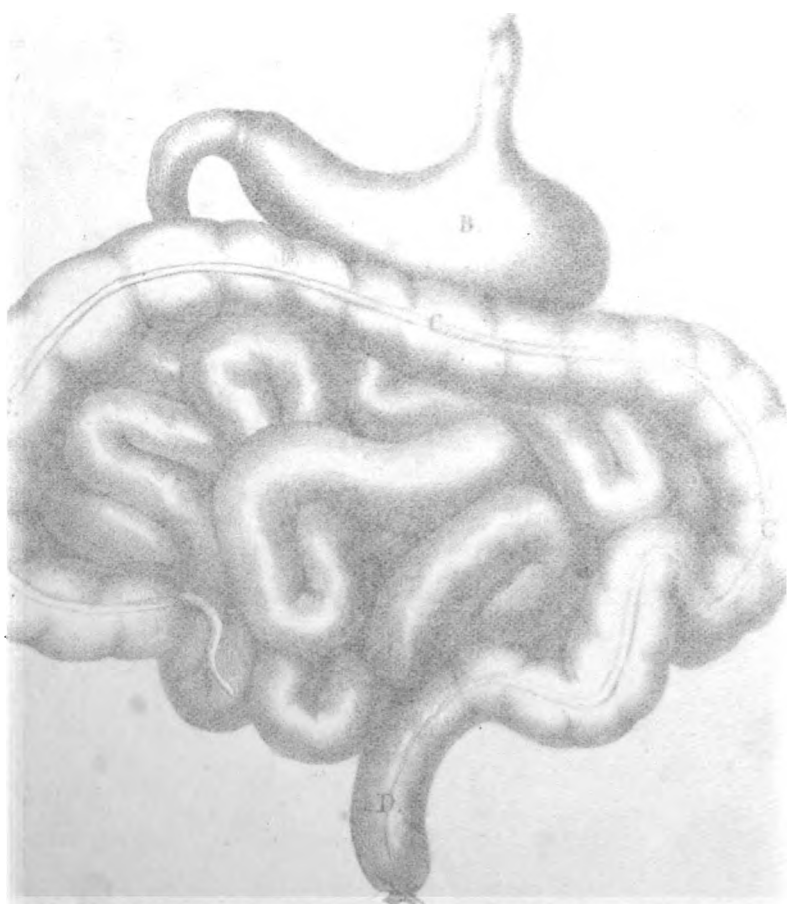
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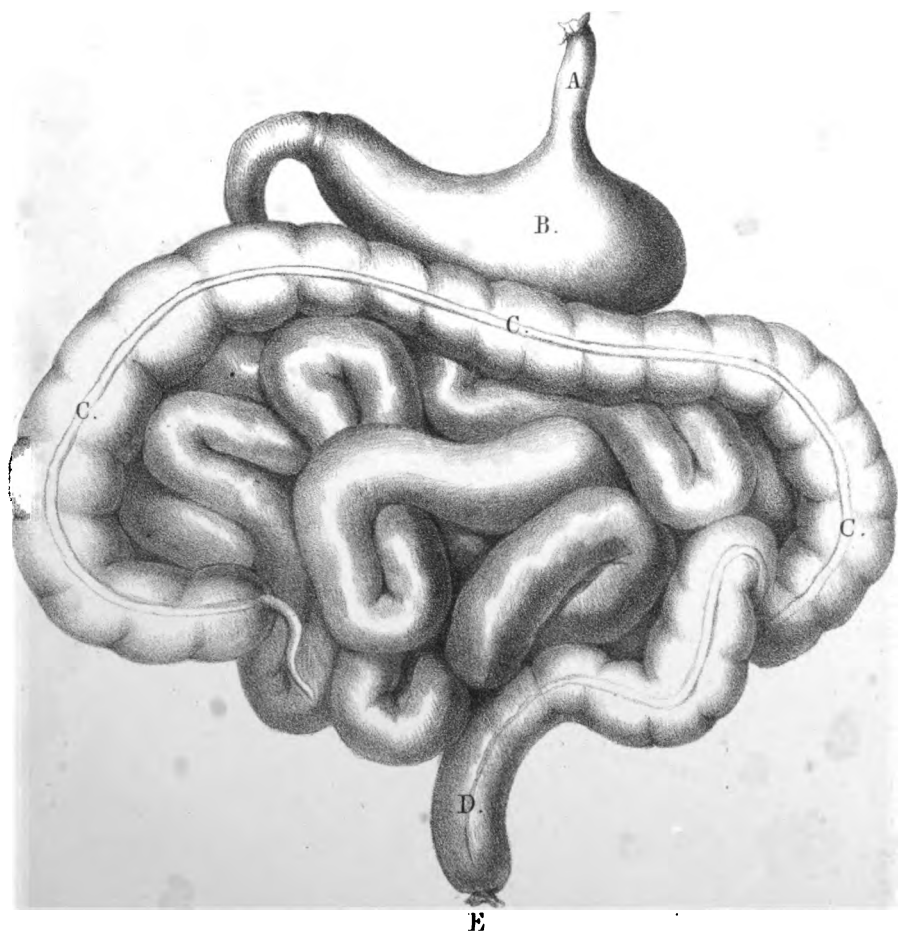
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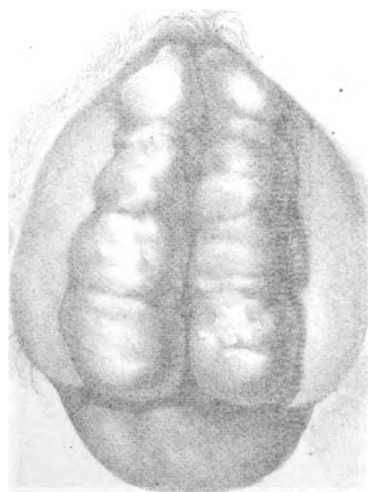
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Plate 1.





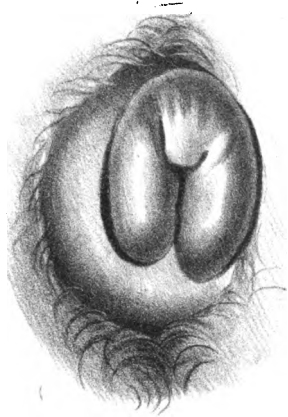


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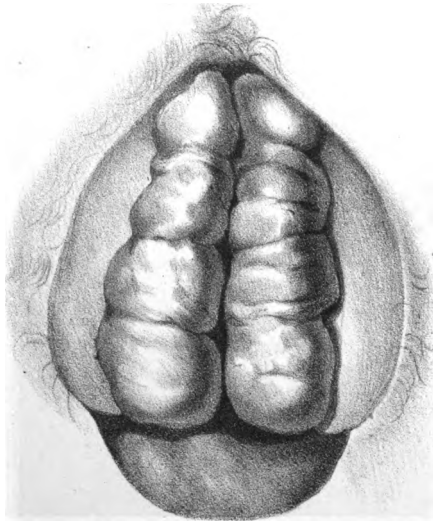
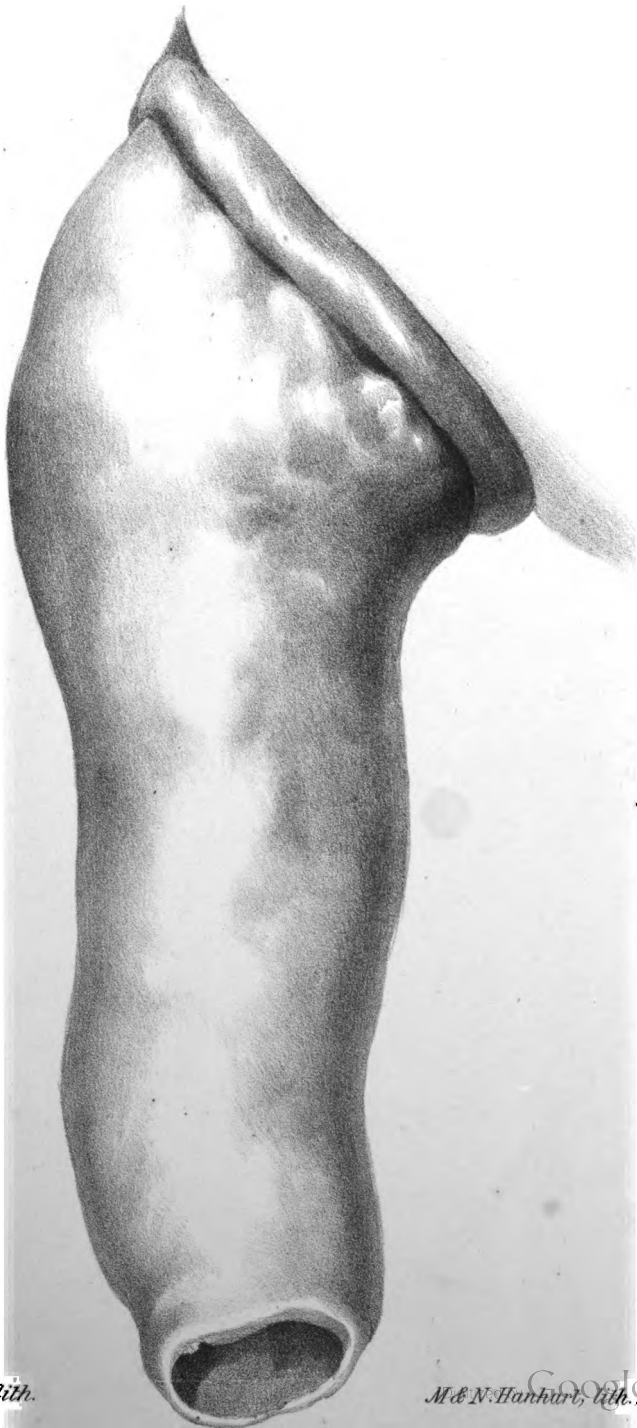
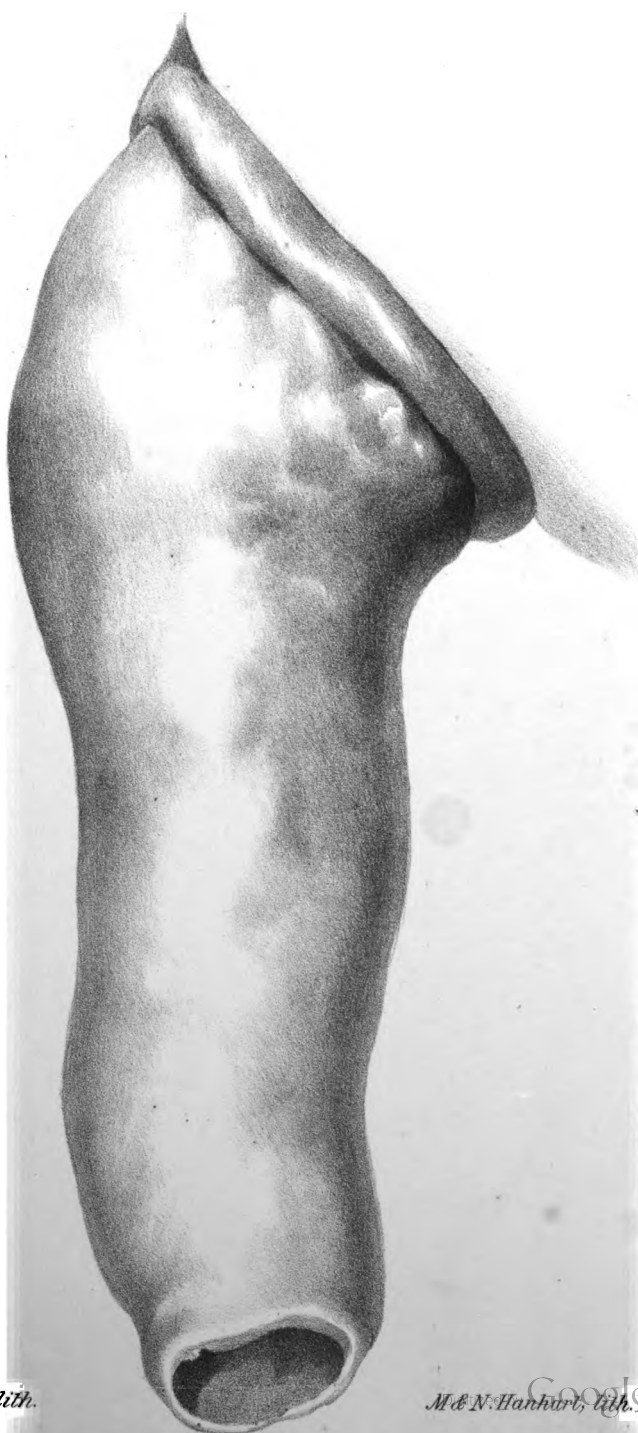
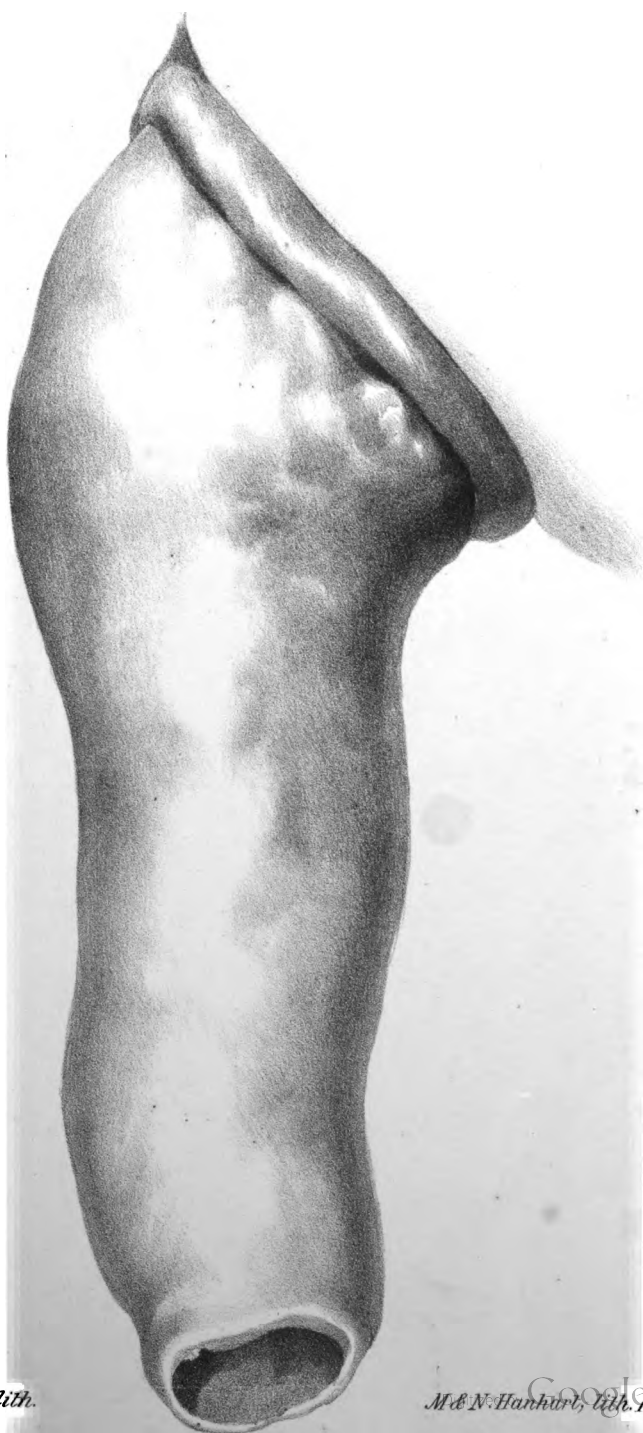


Fig. 2.









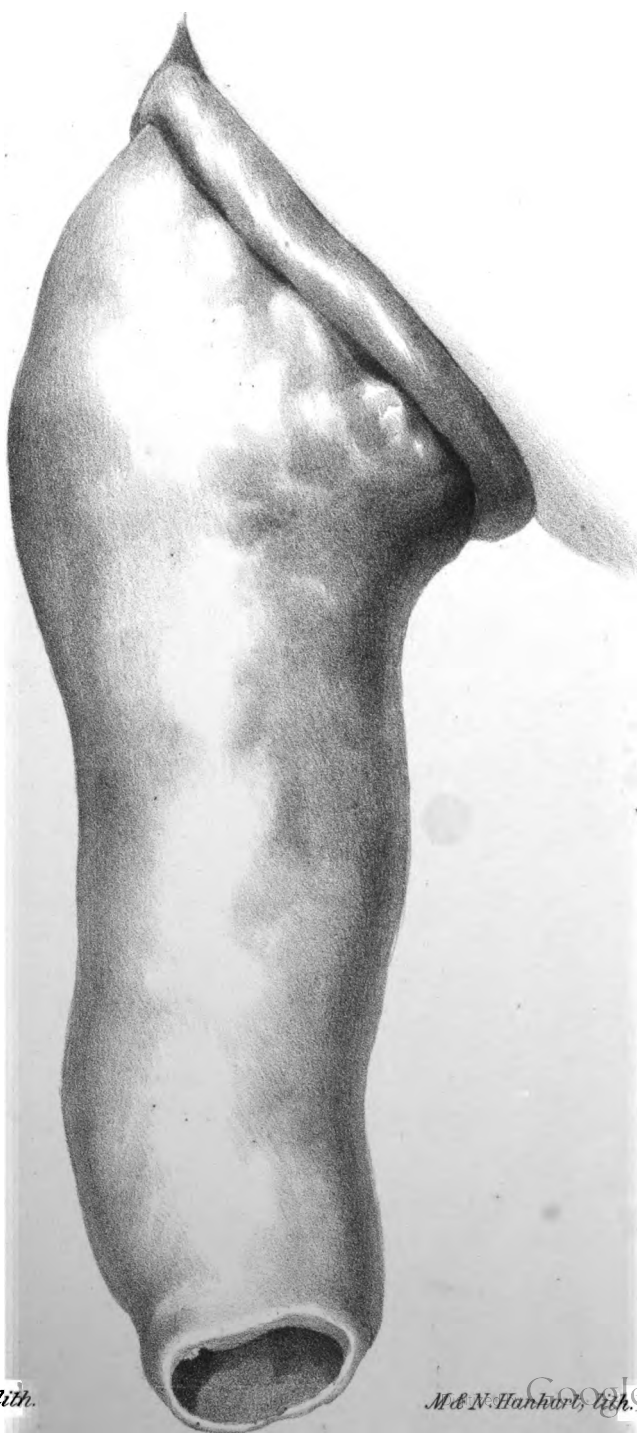
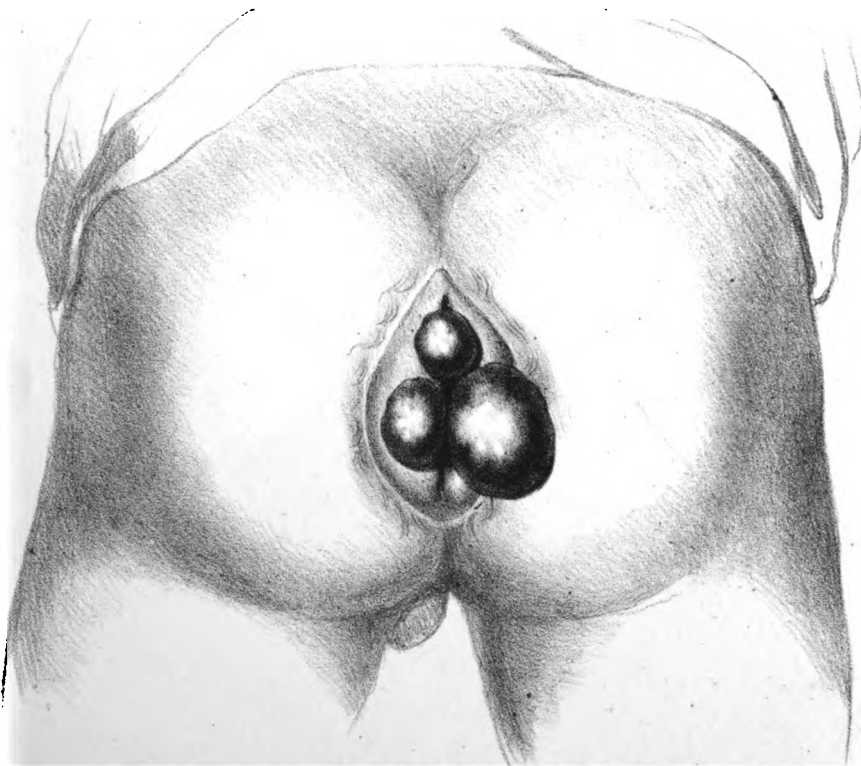




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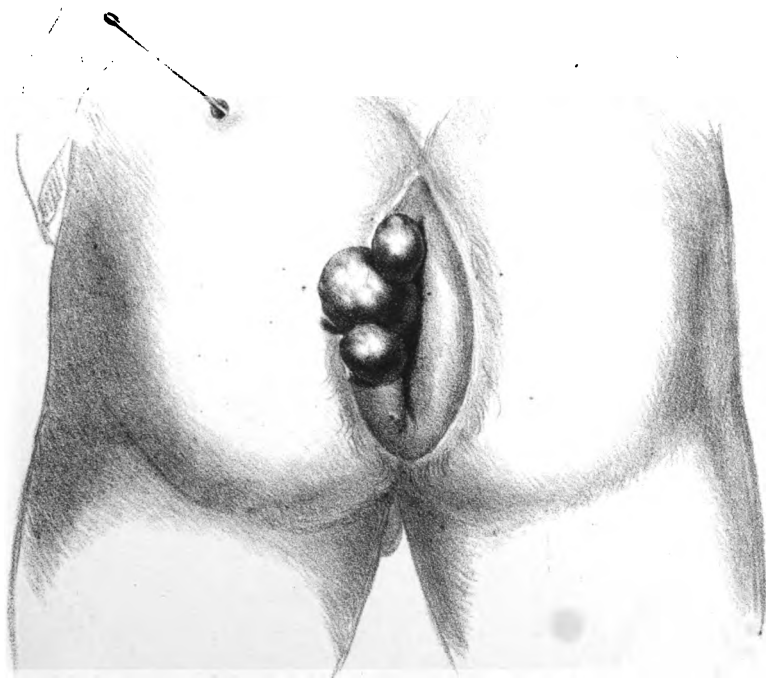
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Plate 5.



EXPLANATION OF THE PLATES.

PLATE I.

The Stomach and Intestines.

- A. The Œsophagus.
 - B. The Stomach.
 - C. The Colon, or Great Bowel.
 - D. The Rectum.
 - E. The Anus.
-

PLATE II.

Fig. 1. Prolapsus Ani in a Child.

Fig. 2. Prolapsus Ani in an Adult.

PLATE III.

Prolapsus of the Rectum.

PLATE IV.

Piles, or Hæmorrhoidal Tumours.

PLATE V.

Tumours and Fistula.

INTRODUCTION.

THE topic of the present treatise, as relating to the Pathology and Cure of the Principal Diseases of the Rectum and Anus, forms a very important, yet greatly neglected branch of Medical and Surgical practice. From the numbers who suffer, at times very severely, from these complaints, one would expect to find many professional brethren eminent in this branch of practice; this, however, is far from the fact, which may probably be accounted for,

when we consider the absolute want of unanimity of opinion, as regards the real nature and treatment of these diseases.

The regular action of the functions of the rectum, are so important to the health and the enjoyment of life, that I feel no apology is necessary for bringing a work of this nature before the public. Particularly, when we consider, that the female sex are by far the more frequent sufferers, and to whom, from the delicacy of the situation of these diseases, there appears an almost insurmountable obstacle to the attainment of the desired relief.

Actuated on the one hand, by a very fair, and, I trust, correct knowledge of the causes, nature, and treatment of these complaints, and on the other, by feelings of sympathy, (having been also a sufferer,) I have deemed it expedient to confine my

practice, as exclusively as possible, to the cure of these diseases, and that in the most effectual and easy manner, without resorting to those cruel methods which characterize the practical surgeon's treatment even of the present time.

The cultivation of medical knowledge, like that of the earth on which we move, requires some ground upon which to work, without which, even the little store the poor man may possess, may be ultimately lost, for want of the means for improvement; and even where space and means have become sufficiently ample, still the blessing that generally attends industry, may not be sufficient to ensure its right application, so prone is the human mind to run into idle and wild excess, unless every effort be made under that direction, which comes from a source of greater experience. Great then, are the

b

advantages of personal affliction. It endows the mind of a professional man with a knowledge foreign to others, and not only lays the foundation, but actually brings into practice, a method of cure, which probably would not otherwise have been thought of.

In the wording of this treatise I have earnestly endeavoured to abstain from professional terms as much as possible, and to write in language so plain and intelligible, that every one, however limited their medical knowledge, may clearly understand the subject before them. This course I have adopted with a view of impressing the information herein contained, upon the minds of those whose healths are being sacrificed to the ravages of these complaints.

However thankful I felt when my sufferings were subdued, the enjoyment arising therefrom can never exceed the pleasure I

feel, in imparting to the afflicted that relief, which they so earnestly desire:—the successful practice of which, constitutes me, an useful member of society.

*70, Great Russell Street,
Bloomsbury Square, London.*

At home for consultation daily from ten till
two, or at any hour by appointment.

SECTION I.

PREVENTION BETTER THAN CURE; OR,
MEANS FOR OBTAINING AN HEALTHY
ACTION OF THE BOWELS, BY WHICH
DISEASE IS AVOIDED.

THERE are but few of the numerous diseases to which the human frame is subject, that may not either be produced, or greatly aggravated, by habitual derangement in the functions of the alimentary canal. The accustomed usages of society; the nature and quantity of the food we eat; the modes of exercise and of rest, together with our manner of clothing; all appear to me calculated to interfere, more or less, with the healthy action of the bowels.

B

The different systems of parts of which the living body is composed, and the particular functions assigned to each of those systems, display the most admirable facility, as well as power, of harmonizing with each other, for the promotion and maintenance of health ; no one proceeding independently, but each acting in unison with the rest. Therefore, to establish and maintain an healthy action of the bowels, it is necessary to avoid all sedentary habits, so unfavourable to health, and to the general diffusion of healthy action. Through the use of such habits, the vigour of circulation fails, and every impression from external cold is more sensibly felt ; thereby suggesting a necessity for warmer clothing than is absolutely requisite.

Active exercise is also essential for the health ; to this however many persons have extreme aversion, although they are well aware, how much a brisk walk on a cool

day, provided the clothing is not quite impervious, is conducive, not only to the refreshment, but to the healthy action of the bowels.

As to food, the late Mr. Abernethy very justly remarked, that the ease with which food is obtained, is one means of our swallowing much more than is necessary; and as if excess in quantity was not sufficient, the very mode of its preparation is often such as to create heat, rather than promote digestion. Consumption of food, then, must be regulated as to quality and quantity; quality, as referring to that kind which is most easily digested; and quantity, as applicable to the nourishment of the body, rather than to the satisfaction of a voracious appetite.

Besides the foregoing remarks on exercise, food, &c., there is yet another object to be regarded as occasionally necessary, which is, medicine, to clear the bowels, not only

from the refuse of the food, but also from certain unhealthy matters, the result of morbid secretion, proceeding either from the internal surface of the intestines, or from some of the viscera, immediately connected with them. For this purpose I recommend the administration of any mild saline aperient, as Seidlitz Powders, and other medicines of a like description,* which are quite adequate for the purpose of gentle action, without the fear of those evil consequences so liable to arise, from the ignorant use of violent drastick purgatives.

If the innumerable evil consequences, known to be induced by habitual confinement of the bowels, are adverted to, there

* There is a Patent Medicine, sold by Hannay & Co., Oxford Street; called, "Dr. Harvey's Vegetable Pill of Health," said to be originally prescribed by that great and celebrated physician, who discovered the circulation of the blood, which I can recommend as an excellent mild aperient for the relief of the bowels. The ingredients of this medicine are known to me, otherwise I would not recommend it.

will be no need to excuse the bringing forward of any proposition that has for its object the prevention of so great an evil; more particularly while we continue to retain that sort of instinctive feeling, which leads us to prefer food to physic.

SECTION II.

PROLAPSUS ANI,

OR THE PROTUBERANCE OF THE BOWEL.

PROLAPSUS ANI consists in the descent of the bowel, from two to six inches in length, beyond the anus. It mostly occurs when at stool; but in cases of long duration, the bowel will descend on the least movement of the body; and when returned with the fingers within the rectum, will almost immediately afterwards fall out again.

In old neglected cases, the bowel becomes so fixed in its unnatural position, that it is apt to become inflamed, from friction, or exposure to the air; in this state it may tumify, when its reduction becomes impracticable, without professional assistance.

Should mortification take place, death may probably be the result. In many serious cases, I have known strangulation occur, succeeded, not only by a stoppage of the feces, but also by the evils attending strangulated hernia.

A disordered state of the bowels is among the most frequent causes of this complaint. Violent relaxation, by weakening the constitution, and particularly the intestinal canal, is sometimes the means of inducing prolapsus; it is also frequently brought on by attacks of cholera, or dysentery. The irritation from worms, or the violent operation of drastic purgatives, will not unfrequently produce it. This fact I have seen verified, in several instances in children, and particularly in the case of a young lady, who, when a child, had been subject to worms, for which her mamma was persuaded to give her a patent worm-medicine, which operated so violently as to produce a prolapsus.

The pressure of the womb, in females who are *enceinte*, by impeding the functions of the bowels, and inducing violent efforts, may be a cause of this complaint. Also, long habitual crying, great exertions of the voice, and violent coughing, have a tendency to produce it. Habitual confinement of the bowels, and the occasional straining necessary for the evacuation of the *fæces*, are, however, the more frequent causes of prolapsus.

The treatment generally adopted by the practical surgeon for this affection, is that of cutting off certain portions of the protruded bowel, with a view of creating local inflammation. To relate the serious consequences liable to arise from such an operation, is useless, for I fear they are but too well known.

When this affection occurs in infancy, as the result of extreme laxity from too long suckling, till the child is weaned, no plan

of cure is worth the trial. When a poor and unwholesome diet has been the cause, this point also must be regarded. The state of the constitution must be corrected by the use of tonics, and cold bathing, aided by an appropriate diet. This plan of treatment only, will, in many instances, effect the desired purpose.

Prolapsus occurring from the use of drastic purgatives, there being no natural disposition to the complaint, some attention to rest alone will be necessary, the existing cause, of course, being discontinued. When this affection is connected with labour pains, its duration is but temporary; the cause being but transitory, the parts generally soon recover themselves.

In returning the bowel within the rectum, the fingers should be previously anointed with oil, or lard, and the pressure should be gentle and gradual. That part last pushed down should be first returned, when

the remainder will follow. Reclining on a sofa or bed for half an hour, will frequently cause the bowel to return of its own accord.

For this affection I have had constructed a Metallic Rectum Plug, the use of which, in conjunction with an ointment, I have ever found to be all that is necessary to complete the cure of a case of a mild description. This instrument is so formed as to be easily passed into the rectum, and there retained by the natural action of the sphincter muscle. It is introduced with the greatest ease, and without pain; and is so small and exquisitely shaped, that it may be retained within the bowel, while walking, standing, sitting, or lying down, without causing the least inconvenience to the patient.

In cases of a serious nature, where the bowel protrudes considerably, and in which it has been necessary to apply my dressing,

other means being of no avail, I have generally been enabled to effect a cure in three weeks, or a month. Where tumours have existed, in conjunction with prolapsus, my dressing, applied to the former disease only, effectually removes the latter at the same time. The following cases will exemplify the efficacy of my treatment for the cure of this disease.

CASE I.

A GENTLEMAN, an officer in the East India Company's service, thirty-nine years of age, wrote to me, concerning a prolapsus with which he was afflicted; he had been subject to piles for years, and had occasionally relieved them, by applying leeches and fomentations. Four months previous to his communicating with me, a copious dis-

charge of mucus from the rectum came on, accompanied with a burning sensation, and a painful protuberance of the bowel, which was greatly aggravated on going to stool. Indeed, so agonizing was the pain at times, that he would frequently rise from his bed in the middle of the night, and walk about for hours, in order to fatigue himself to sleep.

As the prolapsus in this case was but small, and had existed only for a short period, I forwarded him my Metallic Rectum Plug and Ointment, with directions how to use them. In five days afterwards, I received the following letter from him :—

Portsmouth, March, 1844.

MY DEAR SIR,

I have used the instrument you forwarded me, with a success as gratifying, as it is astonishing. The first introduction of the Metallic Rectum Plug, gave

me wonderful relief, and I feel satisfied that my cure will follow its steady application.

I am, my dear Sir,

Yours gratefully,

To Dr. Silver, &c. ———

Three weeks afterwards, I received another communication from this patient, wherein he informed me that he felt perfectly cured, and had recommended a friend of his, afflicted in a similar manner, to consult me without delay.

CASE II.

A GENTLEMAN from Kent, about fifty years of age, consulted me for the cure of a prolapsus, with which he had been troubled for upwards of twelve years. His medical attendant had considered his disease to be

•

piles, and had, in consequence, purged, leeches, and reduced him to a mere skeleton. On examination, I found a protuberance of the bowel, three inches in length beyond the anus, and considering this to be a case requiring my dressing, I told him that his cure was within my power, if he would submit to a slight operation. He readily consented, and I applied my first dressing the following day. At the end of six weeks, I had the pleasure of seeing this patient return to his family, perfectly recovered from his complaint.

CASE III.

A LADY from Bath wrote to me concerning a prolapsus of the rectum, with which she was afflicted. She had been subject to the complaint from childhood, and consi-

dered it to have been originally brought on from taking some patent medicine, which operated very violently. From the description she gave me of her case, I at once considered it to be of too serious a nature, for its cure to be effected by my Metallic Rectum Plug ; I therefore requested that she would come to London as soon as possible, and place herself under my treatment. At the expiration of a week, I was requested to visit her at her house in the neighbourhood of Manchester Square, where she had engaged very elegant apartments.

On seeing me, she expressed much fear and anxiety, as to the possibility of her complaint being cured ; I however, requested that she would place confidence in me, and that whatever could be done for her relief, I would certainly do. On examination, I found a prolapsus of the bowel, five inches in length, tapering off gradually to its extreme point. From its exposure to the air,, it had become inflamed, and was

also excessively tender to the touch. After due consideration, I pronounced her case to be curable, and within my power, but that it would take some weeks to effect it. She remarked that time could be of no object to her, when the effectual cure of the disease was considered, and requested that I would commence my treatment without delay. I ordered some warm fomentations to the part, and in four days afterwards, applied my usual dressing, which, although it was productive of a little inconvenience, did not give so much pain as was expected. I continued to visit this patient daily for two months, at the end of which period her cure was completed; and it gives me much pleasure to state, that no person could exhibit a greater feeling of gratitude, than was shewn to me by this lady. I have since received a letter from her, wherein she informs me that there has been no relapse of her complaint, and that she is gradually regaining her health and strength.

SECTION III.

PILES, OR HÆMORRHOIDAL TUMOURS.

PILES, commonly so called, but professionally termed HÆMORRHOIDS, are tumours situated in and about the Rectum. They partake of two kinds ; namely, *blind*, or external ; and *bleeding*, or internal piles.

With respect to the nature of piles, various opinions have been entertained. Some writers express their belief that the blood discharged from them comes neither from arteries nor veins, but from the intermediate capillary vessels, which form the minute extremities of arteries and veins. The late Mr. Abernethy espoused the doctrine that piles are the result of the formation of new vessels ; but from discoveries of a later

date, the profession in general coincide with the opinion of Sir Benjamin Brodie, who considers them to be "dilated veins." This latter surgeon has also given their description with particular correctness. Of *blind* piles, Sir B. Brodie observes,* "A patient consults you, complaining of swelling pain and tenderness in the neighbourhood of the anus. You examine the part, and find on its verge a number of tumours, about the size of the end of the thumb or finger, with broad bases, not very distinct from, but running one into the other, covered by the common integuments, and of a more or less purple appearance. If you cut into one of these tumours, there is immediately a flow of venous blood, followed by a small quantity of arterial blood, such as might arise from a cut any where else. On making a section of the tumour,

* Sir B. Brodie, *Op. et vol.*, cit. page 743.

it presents to the eye the appearance of dilated and tortuous veins. In fact, you cannot doubt, that they are dilated veins; they are exactly like varicose veins of the leg. The tumours which I have described, are situated below the sphincter muscle, and we call them *external piles*."

Of *bleeding piles*, the same author observes, "Another patient consults you, complaining also of a swelling at the anus, accompanied by pain and tenderness. You examine the part, and find a number of tumours of a different kind. These too have broad bases, and run one into the other, forming a circle which projects below the anus. They are covered not by the common integument, but by the mucous membrane of the rectum, protruded from above the sphincter muscle. On making a section of one of these tumours, there immediately flows venous blood, and arterial blood may flow afterwards. On looking at

the divided surface, it is evident that the tumour was composed of a large tortuous vein. It is the accidental enlargement of these tumours, which causes them to protrude externally; but they are formed above the sphincter muscle, and we call them *internal* piles, or hæmorrhoids."

Sir Benjamin Brodie also briefly explains the ultimate changes which take place in cases of piles. He says, "The veins of the anus, at first become simply dilated; repeated attacks of inflammation cause an effusion of lymph into the adjacent cellular texture; and then the pile appears like a solid tumour; in the centre of which, however, the dilated vein, in which the disease originated, is still found."

Besides these tumours, however, there are others of another description, which occasionally arise in the rectum, and which are frequently mistaken for piles. Polypi tumours, so called from an erroneous idea

that they have several roots or feet, like the sea animal bearing that name, are of this latter order; but these, however, more frequently occur in the cavity of the nose, than in the rectum. A similar cause as produces piles, may give origin to these, and the same treatment for the one, is equally applicable to the other.

Piles are produced from various causes; in some patients it is difficult to fix on any specific reason for their origin, except it be that of inheritance, probably arising from the conformation or particular structure of the parts. It is however, certain, that any thing capable of retarding the free circulation of the blood through the hæmorrhoidal veins may occasion the disease. The pressure of a child in the womb, of a woman far advanced in pregnancy, against the blood-vessels, may, indeed frequently is, the cause of piles; also habitual costiveness, or the retention of hardened fæces in the

bowel, may be the means of their origin; obstinate constipation, however, is generally the principal cause of this disease. In reflecting on the circumstance above adverted to as regards pregnant women, it is readily conceivable why females are more subject to piles than men.

Persons who lead sedentary lives are often afflicted with this complaint; indeed this circumstance, combined with the peculiarity of diet and general habits, accounts for the diseases of the rectum being so prevalent among the Turks, Greeks, and other people of the Eastern countries. Boerhaave has remarked their more frequent occurrence among these people, than amongst inhabitants of other nations.

In our own country I have generally found, that persons in the upper classes of society are more subject to piles than those in the more humble station of life; and the reason of this difference is to be

found in the different mode of life in the various classes of society. The higher order of persons take but little exercise, and therefore are more liable to diseased liver, and constipated bowels; the lower orders, on the contrary, take much exercise, and live constantly in the open air. The diet also of the latter, contains less excitable matter for the formation of disease.

Many other causes might be enumerated, such as, violent exercise on horse-back, the ignorant use of quack or drastick medicines, local irritation, produced by disease in a more remote part of the body, &c., &c. These all may tend to the formation of this distressing complaint, particularly the use of *empirical nostrums*, which, if they are not the origin, generally aggravate the disease to a serious extent.

One of the most serious consequences liable to arise from the presence of piles, I mean those which are internal, is the

excessive hæmorrhage which so frequently occurs, and by which the original vigour of the constitution becomes so considerably undermined. An opinion commonly prevails that this bleeding from piles is of a salutary nature; and many persons have doubtless been persuaded to submit to all the pain and uneasiness which the disease occasions, rather than seek a cure. Although in elderly persons this may be the case, and the stopping of the hæmorrhage might hasten an aged patient's death, still persons in early or middle age of life, should on no account be guided by this, as a premature death would probably be the result. Cases have certainly been related, where persons subject to occasional discharges of blood from the rectum, have continued to enjoy tolerably good health for a period; indeed, one case is cited by Panaroli, in which a Spanish nobleman is stated to have voided every day, for four years, a pint of

blood from some hæmorrhoids, and yet enjoyed perfect health! How much credit ought to be given to this statement, I surely cannot say, for it appears to me very extraordinary. Fatal cases however, are far more numerous, and many could be cited to prove the fact. Arius, and the celebrated philosopher, Copernicus, are stated to have thus bled to death.

Besides hæmorrhage, there are other evil consequences liable to ensue from piles. Inflammation may be excited in the adjacent parts, and thus create abscess, or fistula. Piles, which protude below the anus, may become strangulated by the contraction of the sphincter muscle, so as not to be able to be returned within the rectum, and thus occasion great agony. Therefore it is undoubtedly better to have the disease removed, when it is possible, and so avoid all evils arising from its existence.

As regards the treatment of piles, various methods have been, and are, adopted. At times their cure is easily accomplished; absolute rest for a few days, attention to the bowels, with fomentations or cooling lotions, alone being necessary for that purpose.

The ancients used to apply *caustic*, and thus *burn* them off; but this practice has happily been long discontinued. Hippocrates recommended *pinching* them off with the fingers, (which, he says, may be done without telling the patient any thing of the matter,) and thus produce some kind of contusion at the time of removing the tumour. The only argument in favour of this practice, is the well known fact, of the instinct of animals which directs them to *bite* off the umbilical cord when they produce their young. The laceration which the parts suffer in this natural operation prevents all hæmorrhage from the cord. This method,

however, I have never heard as being adopted by surgeons of the present day, and having never attempted it myself, cannot therefore speak as to its success.

Modern surgeons have three modes of treatment by which they attempt the cure of piles. First, by cutting them off with a knife or pair of scissors; secondly, by applying a tight ligature of silk round their base, so as to cause them to slough away; and thirdly, by compression with the bougie.

To the first of these methods, where the knife, or scissors is used, the greatest objection must be offered, inasmuch as the hæmorrhage so liable to ensue from the operation, may, indeed, has generally proved fatal to the patient. Encouraged by the advice of the late Mr. Cline, Sir B. Brodie tried this practice of removing internal piles. In the first case or two, he found no inconvenience follow the opera-

tion ; but cases soon occurred, in which so much blood was lost that the patients nearly died ; one in particular, where the hæmorrhage was so enormous, that Sir B. Brodie now only wonders that death was not the result. Petit relates the case of a patient, where, immediately after the piles were cut off, hæmorrhage ensued, which could not be suppressed, and death was the result in less than five hours.

Of the second method, by ligature, I must agree with Mr. Copeland, that although this mode is preferable to the rude operation of cutting off piles with the knife, still, the success of the ligature is not so uniform as to establish it as an operation to be recommended. "In one instance," observes Mr. Copeland,* "the patient very narrowly escaped death ; in another, very serious symptoms were produced by the

* Copeland on Dis. of the Rectum, page 57.

operation ; and, in a third case, the operation was actually fatal. I have also heard of one or two other instances, where the life of the patient was destroyed by freely tying off the hæmorrhoidal excrescence." Mr. Kirby* also mentions two cases, where bad and fatal effects followed the operation of tying piles : in one, the patient's life was saved with great difficulty ; and, in the other, tetanus and death were the consequences. Patients, after this operation, are frequently attacked with vomiting, and pain and difficulty in making water, sometimes even amounting to complete retention of urine, and thus the introduction of the catheter becomes necessary.

Of the third plan, by compression with the bougie, although those serious results liable to ensue from the use of the knife

* Kirby on Hæmorrhoids, &c. pp. 1—3, 8vo.

or ligature, are not to be feared from the adoption of this method, still the bougie has been found quite inadequate for the purpose of effecting a cure, though from its use, at times, relief may be obtained.

As regards my own peculiar treatment for the cure of piles, it does not consist in either of the former plans, but merely the proper application of an ointment, long known and appreciated by the profession generally, as a specific; the success of its application in the following cases, will fully exemplify its superiority over all other methods.

CASE I.

A GENTLEMAN in the Army consulted me for the cure of a disease of the rectum, which he had been informed was piles. He told me that for some months past, he had been in extreme pain from this affection, and believed that his general health was beginning to be seriously affected by it.

He also observed, that for many years his bowels had never acted without assistance; and as experience had taught him, that the constant use of purgatives was extremely objectionable, he had of late frequently had recourse to injections. He was also subject to a severe bilious headache; but as he regarded this complaint to be quite constitutional, he did not look for any material improvement in this respect.

On examination, I found three internal tumours: two about the size of a walnut on the left, and a smaller one on the right

side of the bowel. I told him that if he would submit to the application of my ointment, in three weeks he would be cured; that the habitual deficiency in the action of the bowels, would, by a little attention to medical treatment, be easily corrected; and as to the bilious head-ache, that would certainly disappear after the tumours were removed.

After a few minutes consideration, he consented to undergo my treatment, and a day was appointed for the first dressing. The first application of the ointment, which I applied to the largest tumour only at first, as that was the most painful, although it gave him pain, was not so severe an operation as he expected, for after the lapse of half an hour, he was enabled to enjoy himself as usual. At the expiration of two days the tumour had disappeared, and the ointment was applied to another; on the removal of the second tumour, the third was

dress, which disappeared as the former had done. Eighteen days only had elapsed, when this patient left London perfectly cured. I have since received a letter from him, wherein he states that he has ever since been free from piles and a bilious head-ach; and that his bowels are being restored to their regular action, by the medicine I had prescribed for him on leaving town.

CASE II.

A LADY, whom I at first suspected was a lady of title, and who afterwards confirmed my suspicions in a most handsome manner, consulted me for a severe bearing down pain, with fulness and itching about the rectum. She stated herself to be very bilious, and was obliged to have recourse to some pills which she took for relief;

D

together with an enema for producing an easy evacuation of the fæces.

After relieving the bowels, I was enabled to make an examination of her case, and found two tumours protruding from the rectum; one, about the size of an egg, and the other, that of a mulberry, which, in appearance also, it represented. I told her that her cure was within my power, if she would submit to the application of my ointment. She immediately consented, and in three days afterwards, I was enabled to apply my first dressing. In the course of five weeks, both tumours had disappeared, and she felt herself perfectly cured. This lady has had no relapse of the complaint, and continues, I am happy to say, quite well.

CASE III.

THE WIFE of a respectable tradesman in the City, consulted me for a painful affection of the rectum, which she thought was piles. She was habitually costive, and generally lost a considerable quantity of blood when at stool; and for the purpose of an easy evacuation of the fæces, she had been in the habit of constantly taking purgative medicines. The piles generally protruded when her bowels were acted upon, and at times it was with considerable difficulty she could return them with her fingers within the gut.

On examination, I found the sphincter muscle so rigid, that it was with difficulty I could introduce my finger into the bowel, which appeared very much obstructed by soft tumours. I requested her to expel them from the gut as though at stool, which she did, and two tumours were pro-

truded, the size and colour of a large purple grape, exceedingly painful to the touch. I told her that my ointment would cure her, if she would submit to its application, to which she accordingly consented, stating, that a little inconvenience for a short time, was far preferable to constant anguish and pain. In three days, I was enabled to apply my first dressing to the largest and most painful of these tumours ; after which I administered an opiate, and enjoined her to be as quiet as possible. On the third day the tumour had disappeared, and I was enabled to apply my second dressing to the one remaining. In ten days all appearance of piles had gone, and after introducing the bougie daily for a week, her cure was completed. This patient remains quite well, up to the present time.

CASE IV.

A SOLDIER, a corporal in the army, called on me one morning, and said that he had come, unknown to his fellow comrades, to consult me for the cure of a complaint, which he had been told was piles. He was very fearful that his application to me would come to the knowledge of his commanding officer, who would immediately order him into the infirmary belonging to the regiment, there to be cut, or probably killed by the surgeon belonging thereto. I told him he need entertain no fear of a disclosure through me, and that the best course for him to adopt, would be to obtain leave of absence for a month, on which he might come to me and be cured. He went away very grateful, and said he would use his best endeavours to accomplish that object. In a fortnight afterwards, I saw him again, when he told me he had hap-

pily obtained his *congé*, and had taken a lodging in my neighbourhood, so as to be close at hand for my attendance.

On examination of his case, I found three tumours protruding from the rectum, which were very painful and highly inflamed; I accordingly ordered eight leeches, and fomentations afterwards, to be applied to the part, and a small dose of opium to be taken at bed-time. In four days after, I was enabled to apply my dressing to the largest tumour, which disappeared in three days; the other tumours were afterwards dressed at different periods, and the cure completed in less than one month from the first application of my ointment.

CASE V.

A MARRIED LADY from Weymouth consulted me, having previously been several

months under the care of her physician and apothecary, for a severe attack of piles. Having come up to London expressly to undergo my treatment, she was anxious to have it over, and the cure completed as speedily as possible.

On examination, I found two tumours, that on the right including a small fold of the inner membrane of the bowel, that on the left a hard coagulum of blood, the size of a large scarlet-bean. Constitution being good, and there appearing no particular reasons for delaying my treatment, I accordingly applied my dressing to the tumour on the right side of the bowel the following day, which in two days afterwards had totally disappeared; the remaining tumour was then drest, and the cure completed by the eighth day from the commencement of my treatment.*

* This case is one of the happiest for speedy cure, I have ever had come under my notice.

Previously to her leaving town, I received from her the following letter:—

Bloomsbury, April 1844.

MY DEAR SIR,

Although there is a present for pecuniary use, accompanying this letter, still I am sure that the words herein contained, will be far more gratifying to your feeling heart. Allow me to express how much I shall ever feel myself indebted to you for your kind assistance, and believe me, I shall ever think with pleasure on the day when first I sought your advice and superior treatment.

If the thanks of a grateful patient were ever due to a professional man, mine are certainly due to you ; and if ever I meet a friend afflicted in a similar manner as I have been, your name will be mentioned by me, in terms acknowledging my high opinion of your great talent.

Accept my heartfelt thanks, in which my
dear husband joins, and believe me,

MY DEAR SIR,

Yours very sincerely and
respectfully,

To Dr. Silver, &c.

SECTION IV.

FISTULA IN ANO.

FISTULA IN ANO is a sinuous ulcer in the neighbourhood of the anus and rectum; it is more painful than a common abcess, particularly when the fæces are evacuated, when the pain is excruciating; it is also accompanied with a continual inclination to go to stool, and at times, with retention of urine; the pressure of the matter preventing the passage of the urine through the urethra. The destructive powers of this disease, may be likened to the work of the mole; for as that animal burrows under the surface of the earth, creating entrances at different distances along its interminable cavernous

track, so does fistula burrow under the skin, frequently extending over the nates, and form external swellings about the anus, rendering the patient unable to sit up, from the pain and tenderness of the tumours, which finally burst and form external sinuses, or openings, which discharge a thin yellow matter.

There is a considerable variety in the size and complication of fistulæ. Some have only one external opening, through the skin; others, only one internal, within the rectum; but in most cases, there is not only an opening externally, but another internally, through the intestine into its cavity. Fistula sometimes confines itself to one side of the gut; at others, it half surrounds the gut; and I have known it, encircling the bowel entirely.

The causes of this disease are very various; such as constipation and relaxation of the bowels, in conjunction with piles;

distant disease, as of the liver, or derangement of the alimentary canal; sedentary habits; and more especially diseases of the chest. It sometimes arises from an abscess formed externally near the anus, in persons, during hot weather, who have neglected to wash away the acrid secretions which collect, and produce much tenderness, between the nates. Fistula, however, more frequently arises from the formation of an abscess in the interior of an internal pile, or hæmorrhoid, which finally bursts into the cavity of the rectum. The constant motion of the sphincter muscle, contracting and dilating, prevents the repose which is necessary for the healing of the abscess, which at length suppurates, and completes the formation of a fistula in ano.

Although the usual treatment is to divide the fistula throughout, from its foundation, with the knife, yet have I never found it necessary, to use cutting instru-

ments for the cure of this affection. Besides the pain occasioned by the operation with the knife, the patient looks forward with fear and anxiety to the after treatment,—the probing, the breaking down and destroying the granulations as fast as they form, and the unnecessary deep dressing of the wound. From all this extra suffering do I relieve the patient, which is no small improvement in the treatment for the cure of Fistula.

CASE I.

A GENTLEMAN from Brighton, about thirty-five years of age, consulted me for a fistula, with which he had been afflicted for upwards of ten years. On examination, I found two extensive external sinuses in the nates, and another extending about three inches up the side of the gut, with an internal

opening into the rectum. He was much pleased when I told him, that although his case was of some magnitude, still his cure was within my power, and that too without cutting with the knife. He assured me that he had consulted many surgeons of eminence in London, who had all told him, that his cure could not be effected without submitting to a painful operation. I prescribed some opening medicine, to be taken that evening, and the next day applied my dressing. He soon became perfectly well, and in five weeks left London, cured of his disease.

CASE II.

A GENTLEMAN, about fifty-six years of age, who had been subject to piles, and hæmorrhage from the rectum for many years, consulted me for the cure of a fistula, which .

had been twice cut open with the knife, and yet had returned a third time. After each operation, so soon as the wound had healed up, his medical attendant had discontinued his visits, considering him to be perfectly cured; yet after the lapse of a few weeks, a swelling would again arise externally near the anus, which would burst and form into a fistula. He further stated, that besides the pain which the operation gave, the after dressing was dreadful torture, and then, for the disease to return again, was really disheartening. I prescribed for him the usual medicine, and the next day applied my dressing. On seeing him the following day, I told him he had no more pain to undergo, which perfectly astonished him; and after continuing my attendance daily for a month, he became perfectly cured. I have since seen this patient, and find that he has had no return of his disease, and is in the enjoyment of excellent health.

CASE III.

A LADY, the wife of an officer, residing in my neighbourhood, applied to me in consequence of a very painful affection of the rectum, which had afflicted her for four years, during which time her health had been gradually declining. She had experienced a distressing uneasiness and bearing down, not only when moving about, but particularly on sitting down. There was also a sense of heat, with a pain which she thought proceeded from a swelling formed within the bowel. These symptoms were greatly aggravated upon going to stool. Being naturally very timid, she had not previously consulted any professional gentleman; but hearing of my ability in the cure of these diseases, and being a neighbour also, she had summoned courage enough to pay me a visit.

On examination, I found a fistula and a tumour; in the course of the week she consented to my dressing the tumour, and as soon as it was healed, which was at the end of three days, I was requested to continue my treatment, for the cure of the fistula. I accordingly applied my dressing to the fistula, and in a few days afterwards, she expressed herself very much relieved. In seven weeks from my first visit she became perfectly cured, and I am happy to say, still continues quite well.

SECTION V.

STRICTURE OF THE RECTUM, OR BOWEL.

STRICTURE of the rectum is a thickening and contraction of the mucous membrane of the bowel, which causes an obstruction to the free passage of the fæces; it may either be of a spasmodic or permanent description. The mucous membrane of the rectum is as liable to become inflamed as any other part of the body; and although an attack of inflammation elsewhere, might not be considered of much importance, still here, it requires our serious consideration, for if neglected, it will often degenerate into this very distressing complaint.

A stricture, or contraction of the bowel, is a disease which exists more frequently than

is generally supposed, and from this cause its existence seldom enters into the contemplation of a medical man, who treats his case as of obstinate constipation; drastic purgatives are administered, which tend only to aggravate the disease, rather than to relieve it, and which at last terminates fatally. On a post mortem examination of the body, the real nature of the disease, and cause of death, is then discovered.

Besides the frequent disregard of the existence of this complaint, it is not an uncommon occurrence for other diseases to be mistaken for stricture of the rectum, and treated accordingly. Sir Charles Bell relates a case, where he was requested to give his opinion of the condition of a lady, who had been three years under the use of bougies. He observes, "She was very ingenious, and with her pencil she explained every thing she felt, and all that she had been ordered to do; but I urged the necessity of

an examination, and the possibility of there being some mistake; and, in fact, I found that the obstruction of the rectum arose, from the fundus of the uterus having fallen into the hollow of the sacrum. Against this had the bougie been pushed regularly for years, and happily without further bad consequences than the expensive attendance of the surgeon."

Persons of all ages, but oftener those of the middle age of life, and of both sexes, but more frequently women than men, are liable to an attack of this disease. Its prominent symptom is generally an habitual costiveness, which being such a common complaint, some patent or other medicine of a purgative nature, is mostly resorted to by the patient; temporary relief being obtained, the actual cause is seldom inquired into. There is also another common, and, at times, strongly marked symptom of the existence of this disease, which is a pecu-

har but decided sense of heat in the part affected. If the fæces, evacuated with difficulty, are also noticed, they will be found to resemble in size, earth-worms, or small pellets, and at other times, they will appear of a fluid consistence, and mixed with a thin mucus.

The progress of this affection is gradual. The patient, where the disease continues uninterrupted by the adoption of any means for its relief or cure, may linger for years. Sir Benjamin Brodie very correctly observes,* “As the disease advances, some parts of the mucous membrane ulcerate. This causes the pain to be much aggravated; there being then a discharge not only of mucus, but of blood and pus from the anus. If the disease proceeds still further, inflammation takes place in the cellular membrane around the gut; putrified abscesses form, which

* Lond. Med. Gaz. vol. xvi. p. 28.

burst in various situations at every side of the anus, into the urethra in men, and occasionally in women into the vagina. In some instances, the patient dies with symptoms of strangulated hernia; that is, a piece of hard fæces is lodged above the stricture, and cannot pass through it. Thus, there is a mechanical obstruction to the passage of the fæces; the belly becomes tympanitic; the tongue dry; there is sickness, vomiting, and the other symptoms indicating strangulation." He further remarks, that, "In the most advanced stage of the disease, the patient suffers much in his general health, loses flesh, perspires at night; his digestion is deranged; he is emaciated and hectic; and thus gradually becomes exhausted."

The rectum or bowel, like other parts of similar structure, is liable to become organically diseased from any cause, capable of exciting irritation or inflammation of its inner membrane. Any acrimonious secretion

poured into the alimentary canal, or any extraneous substance detained in the rectum, may be the medium of inflammation. Neglect of the bowels, however, appears in most instances, to be the original exciting cause, from the continual presence of acrimonious and bilious matter in the rectum. When inflammation is set up, the natural texture of the bowel being soft and vascular, the cavity of the affected part generally becomes diminished, and its sides increased in thickness, thereby producing an obstruction to the free passage of the fæces.

Some surgeons believe that stricture of the rectum, frequently occurs as a consequence of the venereal disease, and as far as my experience enables me to judge, I should say that this opinion is worthy of consideration. In my own practice, I have often been consulted by patients who have been labouring under both these diseases at the same time. Mons. Desault found

these complaints so frequently in combination with each other, that he did not hesitate to put his patients at once under a course of mercury, and his success was such as fully warranted him in so doing. He did not, however, trust solely to the effects of mercury for a cure.

The appearance of the parts on dissection after death, is remarked by Mr. Copeland, to be very various. He observes,* "Sometimes there are large ulcerations in the vicinity of the stricture; often the canal is only highly inflamed and indurated, almost to obliteration; and, in some instances, the internal mucous membrane appears healthy, while the exterior coverings of the intestine are diseased and thickened to a most extraordinary degree.

The treatment for the removal of this disease, when of a spasmodic description,

* Copeland On Dis. of the Rectum. Page 13.

consists in clearing out the bowels, quietly, but effectually, and in the administration of such medicines as possess a tonic power, at the same time taking care to avoid costiveness during their exhibition.

When permanent stricture exists, other means must be adopted. A soft bougie, well lubricated with oil or lard, and of such a size as will pass with moderate facility through the stricture, should be introduced daily, or as often as the feelings of the patient will permit, and retained for fifteen or twenty minutes at a time. The utmost gentleness is necessary in the introduction of the bougie, as serious evils may arise from using violence, or attempting to pass a larger instrument than the stricture will easily admit of. The cure depends on the repeated and gentle stimulus of pressure, exciting absorption; and as the stricture gradually dilates, the bougie may be increased in size, until at last, one

of full dimensions can be easily introduced. During this treatment the bowels should be kept comfortably open, by the administration of castor oil, or other mild aperient medicine ; by these means the expulsion of the fæces is effected with facility, and violent efforts, or straining is avoided.

SECTION VI.

SPASM OF THE SPHINCTER MUSCLE.

THE Anus has for its base and support the Sphincter Muscle, which keeps this opening habitually closed, in order that the loathsome affliction of a continual and involuntary discharge of the fæces may not occur. This muscle is liable to occasional spasmodic contraction, which generally occurs in sudden paroxysms that soon relax and go off; they may however become of a permanent description, and eventually lead to organic thickening and stricture of the anus. Where this affection exists, the muscle on examination feels hard, and will resist the introduction of the finger. The patient is obliged to strain very much

when at stool, especially when the fæces are solid or hard, and the pain which is afterwards experienced, is very distressing, and lasts for a considerable time.

Habitual constipation of the bowels is generally the chief cause of this disease; as it however, at times, exists in conjunction with ulcers and other diseases of the rectum and anus, it may not be wrong to infer its origin to the presence of one of these other complaints; when it occurs alone, if allowed to continue, it may give rise to other affections of the parts.

The only treatment that I have found necessary for the relief of this complaint, consists in the administration of some mild purgative medicine, given to prevent the evacuations partaking of a hard consistence, and the regular introduction of the bougie, with an opiate suppository occasionally at night; if these means alone are persevered in, a perfect cure may pretty confidently

be expected. Some surgeons, however, conceive this treatment to be insufficient,—from what cause I know not, if I judge from my own success,—and consider it absolutely necessary to divide the sphincter muscle with the knife. Although this operation may appear of great importance in the eyes of some practical surgeons, yet I have ever found it quite unnecessary to be adopted, particularly in cases which are of a recent description.

SECTION VII.

ULCERATION OF THE RECTUM, OR BOWEL.

THE posterior surface of the rectum, is often the seat of ulceration, which, according to its situation, may, or may not be relieved with facility. This disease, however, is mostly situated just above the sphincter muscle, and by introducing the finger into the bowel, the ulcer may be easily detected from its indurated edge.

In the primary stage of this disease, the patient suffers but little from its existence ; but when the ulceration has become extensive, serious symptoms arise which require immediate attention. At this period there is generally a quantity of purulent matter discharged from the anus, both before, and

at each stool ; with a constant desire to evacuate the contents of the bowels, each attempt being attended with great pain, caused by the passage of the fæces over the ulcer ; there is also at times, very considerable discharges of blood from it, which greatly tend to debilitate the constitution of the patient. This affection chiefly occurs in persons who are habitually costive, and whose excrements being of hard consistence, the mucous membrane of the rectum becomes probably lacerated, from the violent straining necessary for their expulsion.

In the treatment of this complaint, the cure is but slowly effected, from the necessity there is of the daily performance of the natural functions of the part. Gentle laxatives, injections of warm water, to which may be added a little laudanum, when there is much pain, and the use of some stimulating application to the ulcer, will, in most cases, effect our object.

SECTION VIII.

EXCRESCENCES OF THE ANUS.

EXCRESCENCES, which grow around the anus, are pieces of superfluous skin, which mostly arise from local irritation, produced by the contact of rancid secretions, or purulent matter. They vary very much in size ; in some cases, resembling large warts ; and are at times very painful. Some, however, have been originally piles ; for as Sir B. Brodie observes, " when the cavities of piles become obliterated, they generally form flaps of skin, which gradually waste ; but sometimes diseased action takes place in them, and they become converted into excrescences, similar to those which grow from the nymphæ of women." A solution of the sulphate of copper, or other stimulating lotion applied to them, is all that is necessary to effect their removal.

SECTION IX.

FOREIGN BODIES IN THE RECTUM OR BOWEL.

ALTHOUGH the present section cannot strictly be considered as forming part of a work on the Diseases of the Rectum and Anus, still I have thought it necessary to introduce the subject, inasmuch as any one or more of the complaints herein treated of, may arise from the presence of some foreign substance in the cavity of the bowel.

FOREIGN BODIES sometimes find their way into the rectum, and require to be removed by surgical art. They may consist of clyster pipes, bougies, small fish bones, or portions of the bones of hares, rabbits, fowls, &c., which, if allowed to remain, may produce abscess, and even fistula in

ano. Mr. Mayo mentions an instance, in which the rectum was torn by an injection pipe, and death occasioned by the passage of a pint of water gruel through the laceration into the abdominal cavity.

Among the many cases where extraordinary substances have been extracted from the rectum, may be mentioned one, in which Mons. Marechal was consulted. A pig's tail had been introduced with the thick end uppermost, into the rectum of an unfortunate woman by a medical student, whom she had offended. The tail had been prepared for the purpose, the bristles being cut short; the consequence was, that any attempt to remove it gave rise to most excruciating pain; the rectum at length became inflamed; and the bowels obstructed. Had not the surgeon succeeded in removing the obstruction, death must have been the result. There is also another case related, in which a wooden dragoon,

a child's toy, was successfully extracted from a boy's rectum. The surgeon in this case, had to dismount the dragoon, ere he could succeed in his object.

The chief point in relieving the rectum from any foreign substance contained therein, is first, to dilate the bowel with the fingers, or speculum, as much as possible, and then with a pair of curved forceps, passed into its cavity, to seize and extract the contents. If this cannot be done, a miserable death will be the portion of the unhappy sufferer.

I will here introduce the particulars of a fatal case, as read before the Médico Chirurgical Society, by Alexander Marcet, M.D., which may probably prove interesting to the reader. It is an account of a sailor, who lived ten years after having swallowed a number of clasp knives, and whose death was eventually caused by the back spring of one, four inches in length, being fixed

in such a position in the rectum, that it could not be extracted.

“ In the month of June, 1799, John Cummings, an American sailor, about twenty-three years of age, being with his ship on the coast of France, and having gone on shore with some of his shipmates, about two miles from the town of Havre de Grace, he and his party directed their course towards a tent, which they saw in a field, with a crowd of people around it. Being told that a play was acting there, they entered, and found in the tent a mountebank, who was entertaining the audience by pretending to swallow clasp-knives. Having returned on board, and one of the party having related to the ship's company the story of the knives, Cummings, after drinking freely, boasted that he could swallow knives as well as the Frenchman. He was taken on his word, and challenged to do it. Thus pressed, and though, to use his own

words, '*not particularly anxious to take the job in hand, nor do I like to go against my word, but having a good supply of grog inwardly,*' he took his own pocket-knife, and on trying to swallow it, it slipped down his throat with the greatest ease, and by the assistance of some drink, and the weight of the knife, it was conveyed into his stomach.

"The spectators, however, were not satisfied with one experiment, and asked the operator, '*Whether he could swallow more?*' his answer was, '*All the knives on board the ship;*' upon which, three knives were immediately produced, which were swallowed in the same way as the former, and, as he expressed himself, '*By this bold attempt of a drunken man, the company was well entertained for that night.*' The next morning he had a motion, which presented nothing extraordinary, and in the afternoon he had another, at which he passed one knife, but

not the one he had swallowed first. The next day he passed two knives at once, one of which was the first, and which he had missed the day before. The fourth never came away to his knowledge, and he never felt any inconvenience from it. After this great performance, he thought no more of swallowing knives for the space of six years.

“In the month of March, 1805, being then at Boston, in America, he was one day tempted, while drinking with a party of sailors, to boast of his former exploits, adding, that he was the same man still, and ready to repeat his performances; upon which, a small knife was produced, which he instantly swallowed. In the course of that evening he swallowed five more. The next morning crowds of visitors came to see him, and in the course of that day he was induced to swallow eight knives more, making in all fourteen. This time, however, he paid dearly for his frolic, for he was seized

the next morning with constant vomiting, and pain at his stomach, which made it necessary to carry him to Charleston Hospital, where, as he said, '*Betwixt that period and the 28th of the following month, I was safely delivered of my cargo.*'

"The next day he sailed for France on board a brig, with which he parted there, and embarked on board another vessel to return to America. But on his passage, the vessel, which was probably carrying on some illicit traffic, was taken by his late Majesty's ship *Isis*, of fifty guns, and sent to St. John's, Newfoundland, where she was condemned, while he himself was pressed and sent to England on board the *Isis*.

"One day while at Spithead, where the ship lay some time, having got drunk, and, as usual, renewed the topic of his former frolics, he was once more challenged to repeat the experiment, and again complied, '*disdaining*,' as he said, to be worse than

his word. This took place on the 4th of December, 1805, and in the course of that night he swallowed five knives. On the next morning the ship's company having expressed a great desire to see him repeat the performance, he complied with his usual readiness, and, by the encouragement of the people and the assistance of good grog, he swallowed that day, as he distinctly recollected, nine clasp knives, some of which were very large; and he was afterwards assured by the spectators, that he had swallowed four more, which, however, he declared he knew nothing about, being, no doubt, at this period of the business, too much intoxicated to have any recollection of what was passing. This, however, is the last performance to record; it made a total of at least thirty-five knives, swallowed at different times, and it was through this last attempt that his existence was ultimately put an end to."

The remaining portion of the history of this extraordinary case I find is too long for the whole of it to be here inserted *verbatim*. I will, however, give it in a compressed state. It appears that after being for some time under the treatment of the surgeon of the ship, he was finally discharged in June, 1807, as incurable; immediately after which, he came to London, and was admitted as a patient under Dr. Babbington in Guy's Hospital. After a few days he was discharged, his story appearing altogether incredible, but was re-admitted in the month of August, his health having become much worse. On the 28th of October he was again discharged, in an improved state, and did not appear again at the hospital till September, 1808, an interval of one year having elapsed since his former application. This time he became a patient under Dr. Curry, under whose care he remained, gradually and miserably sinking under his sufferings, till

March, 1809, when he died in a state of extreme emaciation.

After his death his stomach was opened in the presence of the late Sir Astley Cooper, when a great many portions of blades, knife-springs, and handles, were found in it; these were carefully collected and deposited in the Anatomical Museum of Guy's Hospital, where they may now be seen. These fragments are between thirty and forty in number, thirteen or fourteen of them being evidently the remains of blades, some of which are remarkably corroded and prodigiously reduced in size, while others are in a state of tolerable preservation.

SECTION X.

ADDITIONAL CASES.

Prolapsus and Hæmorrhoidal Tumours.

A RESPECTABLE perfumer residing in the Strand, forty-five years of age, consulted me for the cure of a complicated disease of the rectum, with which he had been afflicted for upwards of twelve years. It was with considerable difficulty that he came to the determination to undergo medical treatment for his complaint, owing to his natural timid disposition, and a fear that there could be no effectual relief for him. After I had made an examination of his case, which was one of Prolapsus and Tumours, I told him that his cure was un-

doubtedly in my power, if he was willing to submit to my usual treatment. He soon complied, and in less than one month was perfectly recovered. The following letter I afterwards received from him :—

Strand, June 1844.

MY DEAR SIR,

I cannot sufficiently express the pleasure which I feel in acknowledging the infinite service you have rendered me, and which your skill alone, I am sure, could have so easily accomplished. To contrast the many years of suffering with the comfort I now feel, would be likening my stupidity in enduring so much pain, to the prudence I exhibited in consulting you for the relief thereof.

As to your treatment of my case, one, as you know, of a very complicated nature, I am sure I can never say too much in its praise; so simple and so gentle, that a

child could have borne it. Your kindness and attention also, will ever cause me to feel an interest in your behalf, which I shall always be happy to exhibit whenever occasion serves.

Do not scruple to make use of these few lines, coming from one who is very thankful, but do with them as you may feel disposed ; also, do not hesitate to refer any person to me, for the oftener you do so, the more I shall be delighted to relate the happy tale of my recovery from a very distressing complaint, through the instrumentality of your superior and gentle treatment.

With every sincere wish for your health and welfare,

Believe me,

MY DEAR SIR,

Your truly grateful,

To Dr. Silver, &c.

Fistula, and Stricture of the Rectum.

A GENTLEMAN from Gloucestershire, about thirty-seven years of age, consulted me for the cure of a fistula. For some years previous to his being attacked with this disease, he had been afflicted with piles, which had given him great pain; they had however disappeared, but had left behind them a disease which he considered to be far more distressing in its character. He had consulted many surgeons of celebrity both in London and in the country, and had been once operated upon for fistula, which however, had afterwards returned with increased severity. He was sadly afraid there was no cure for him, as the gentleman who had performed the operation, was considered to be of great talent as a surgeon, and would undoubtedly have relieved him from his complaint had it been pos-

sible. I begged him to be composed, and not to give up all hopes of relief.

On examining this case, I found besides the fistula, which was very extensive, a stricture of the bowel, about two inches and a half from the anus. I had previously suspected the probability of its existence, from the description the patient gave me of his stools, which, he said, were very small in size and quantity, and were voided with much difficulty. After prescribing some opening medicine, I was enabled the next day to apply my usual dressing to the fistula; which, in three weeks, was perfectly cured. I then introduced into the rectum a small bougie, which passed the stricture. By daily using this instrument, and increasing its size by degrees, I soon relieved this patient from those diseases which had so long afflicted him. In a letter I have since received from him, after thanking me in a very kind man-

ner for my assistance and attention, he states, that he has not had such good health for many years, as that which he now enjoys.

*Hæmorrhoidal Tumours with Stricture of
the Rectum.*

A LADY, about fifty years of age, of delicate habit, consulted me for the relief of what she considered to be constipated bowels. Her stools were invariably dark coloured and bilious, and were never brought away without the aid of cathartic medicines; the quantity discharged was always very little, and its expulsion was ever attended with much pain and uneasiness. On examination, I found the bowel obstructed by two tumours and a stricture, the latter situated about three inches from the anus.

After emptying the bowels by an enema of warm water, I was enabled to apply my dressing to the largest of the tumours, which in about three days disappeared; the one remaining was then dressed, and on its removal, I introduced a small sized bougie into the rectum, which passed the stricture easily. The use of the bougie was afterwards persevered in daily, and in one month from the commencement of my treatment, the cure was completed.

Previous to this lady leaving town, I received the following letter:—

— *Street, Portman Square,*
April 1844.

DEAR SIR,

I am about leaving London, but cannot do so until I have acknowledged the great benefit which I have received at your hands. Your professional skill has perfectly relieved me from diseases, which for

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many years have been a source of much misery to me ; and I candidly assure you, that your kindness and attention will never be forgotten by

Your grateful patient,

To Dr. Silver, &c.

Fistula and Hæmorrhoidal Tumours.

A GENTLEMAN, a native of Belgium, consulted me for the cure of a fistula, with which he had been afflicted for two years. He was also troubled with piles, which, at times, gave him much pain ; he also felt exceedingly weak, from the quantity of blood which he was daily in the habit of discharging from the rectum. He had come to England for the express purpose of being under my treatment, and was recommended

so to do, by a gentleman, a friend of his, whom I had professionally attended during my visit at Paris last year.

On examination, there appeared three tumours; one the size of a walnut, the others somewhat smaller. There was also externally, on the left side of the anus, a fistulous opening; and on introducing my probe, I found that the fistula penetrated the bowel about two inches up the rectum. After prescribing some opening medicine, I was permitted the next day to apply my usual dressing to the largest tumour, which was effectually removed in four days. I then continued my treatment to the other tumours, and finally to the fistula. At the expiration of three weeks, this patient left London to return to his own country, perfectly recovered.

These are a few among the many complicated cases which have come under my treatment. It would be needless to trouble the reader with a long detail of others, equally as interesting, particularly as my object in introducing those now given, is simply with a view of shewing, that however serious the disease may be, there is yet relief to be obtained. It is therefore hoped, that the few preceding cases, will fully illustrate the question, as to the importance of the method I adopt, for the effectual cure of the Principal Diseases of the Rectum and Anus, *without Cutting or Confinement.*

THE END.

E. Spettigue, Printer, 67, Chancery Lane,

